

American Recovery and Reinvestment Act (ARRA)  
Reallocation Consideration Form

*This form MUST be completed and returned to the Mississippi State Department of Health, Bureau of Public Water Supply, Drinking Water Improvements State Revolving Loan Fund (DWSIRLF) no later than January 27, 2010 for any applicant wishing to receive any Reallocated ARRA funds. The DWSIRLF contacts for submittal of the above forms are listed below:*

William F. Moody – Program Director – [wmoody@msdh.state.ms.us](mailto:wmoody@msdh.state.ms.us)

Ulysses Conley – Program Support Specialist – [ulysses.conley@msdh.state.ms.us](mailto:ulysses.conley@msdh.state.ms.us)

Applicant: \_\_\_\_\_

County: \_\_\_\_\_

**Project Description:**

**Funding Information**

Total Project Cost: \_\_\_\_\_

Requested DWSRF/ARRA Amount: \_\_\_\_\_

**Ready-to-Proceed Validation**

	Yes	No
Does the DWSIRLF have a Ranking Form for you project on file?		
Has a public hearing for the project occurred?		
Has your Facilities Plan been submitted?		
Has the Environmental Review been completed?		
Has your Facilities Plan been approved?		
Have the necessary permits been obtained for construction?		
Have all needed land acquisitions & easements been obtained?		

**Estimates – Funding/Dates**

Milestones	Estimates
Best estimate of total project cost that can be placed under contract by <u>6/17/2010</u>	\$
Loan Application Submittal Date	
Date of Loan Award or Date of signed assistance agreement	
Date of Plan, Specs, & Contract Doc. Submittal	
Date on which all reallocated funds for project will be in signed contracts	

**Please provide contact information or questions relating to this form:**

Contact: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Please execute below acknowledging that the information provided is the most current at the time of submission:**

Signature of Responsible Official: \_\_\_\_\_

Name of Responsible Official: \_\_\_\_\_

Title: \_\_\_\_\_